

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 88-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 438 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number <u>U-5003</u>	2. Fiscal Year Covered From: <u>1 / 1 / 2004</u> Through: <u>12 / 31 / 2004</u>
3. Name and address of person filing: Name <u>Nancy K Sellers</u> P.O. Box, Bldg., Room No., if any Street <u>1353 Golf Avenue W</u> City <u>Highland Park</u> State <u>Illinois</u> ZIP Code + 4 <u>60035-3021</u>	4. Name, file number, and address of labor organization: Name <u>Screen Actors Guild</u> Labor Organization File Number <u>000-113</u> P.O. Box, Building and Room Number, if any Street <u>5757 Wilshire Blvd</u> City <u>Los Angeles</u> State <u>California</u> ZIP Code + 4 <u>90036-3600</u>
5. Position in labor organization: <u>alt Nat Bd mbr; Chgo Council mbr</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any): Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	7.a. Nature of interest, Transaction, or Income: 7.b. Amount:

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed Nancy K. Sellers on 8/4/05 847-831-2265
Date Telephone Number

City <u>Los Angeles</u>	
State <u>California</u>	ZIP Code + 4 <u>90036-3600</u>
10. If 9.b. or 9.c. is checked give trust or employer's name.	
Name <u>see 11a</u>	
Trade Name, if any: _____	
P.O. Box, Bldg., Room No., if any _____	
Street _____	
City _____	
State _____	ZIP Code + 4 _____
11.a. Nature of such dealing.	
SAG Foundation is a charitable organization that seeks contributions from SAG, SAG members, employers in the entertainment industry, and others. The dollar value of such dealing is not reasonably ascertainable.	
11.b. Approximate dollar value of such dealing. _____	
12.a. Nature of interest held or income received.	
In 2004, I was a member of the Board of Directors of the SAG Foundation. In that capacity, I was reimbursed by the SAG Foundation for expenses I incurred (including travel, hotel and meals) in the course of Foundation business.	
12.b. Amount. <u>\$ 3227.18</u>	

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.	
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	
Name _____	
Trade Name, if any: _____	
P.O. Box, Bldg., Room No., if any _____	
Street _____	
City _____	
State _____	ZIP Code + 4 _____
14.a. Nature of payment.	

13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?	
14.b. Amount of payment. _____	